

St. Bartholomew's Hospital



Journal

"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XLIV.—No. 8

MAY 1ST, 1937

PRICE NINEPENCE

CALENDAR

Fri., April 30.—Dr. Graham and Mr. Girling Ball on duty.
Medicine: Clinical Lecture by Dr. Graham.
Sat., May 1.—Cricket Match v. U.C.S. Old Boys. Home.
Mon., „ 3.—Special Subjects: Lecture by Mr. Bedford Russell.
Tues., „ 4.—Dr. Evans and Mr. Roberts on duty.
Thurs., „ 6.—Swimming Match v. Lensbury. Away.
Fri., „ 7.—Dr. Chandler and Mr. Vick on duty.
Medicine: Clinical Lecture by Dr. Evans.
Sat., „ 8.—Cricket Match v. St. John's, Cambridge. Away.
Mon., „ 10.—Special Subjects: Lecture by Mr. Higgs.
Tues., „ 11.—Prof. Witts and Prof. Ross on duty.
Fri., „ 14.—Dr. Gow and Mr. Wilson on duty.
Sat., „ 15.—Cricket Match v. Hornsey. Home.
Mon., „ 17.—**Whit - Monday.** Cricket Match v. Croydon.
Away.

Tues., May 18.—Dr. Graham and Mr. Girling Ball on duty.
Water Polo Match v. St. Mary's Hospital. Away.
Wed., „ 19.—Surgery: Clinical Lecture by Mr. Wilson.
**Last day for receiving matter for the June
issue of the Journal.**
Fri., „ 21.—Dr. Evans and Mr. Roberts on duty.
Sat., „ 22.—**Cricket Cup Match v. St. George's Hospital.**
Sun., „ 23.—Cricket Match v. Romany.
Mon., „ 24.—Special Subjects: Lecture by Mr. Bedford Russell.
Tues., „ 25.—Dr. Chandler and Mr. Vick on duty.
Water Polo Match v. St. Thomas's Hospital. Away.
Wed., „ 26.—Surgery: Clinical Lecture by Mr. Girling Ball.
Fri., „ 28.—Prof. Witts and Prof. Ross on duty.
Medicine: Clinical Lecture by Dr. Gow.
Sat., „ 29.—Cricket Match v. Leavesden Mental Hospital. Away.
Mon., „ 31.—Special Subjects: Lecture by Mr. Capps.
Water Polo Match v. University College Hospital.
Home.

DR. C. M. HINDS HOWELL

TIME has determined that Dr. Hinds Howell shall retire from the Hospital on attaining the age-limit. We shall miss him greatly for many reasons besides the loss of his professional attainments.

"Budge," as he is familiarly known to a wide circle of friends, was educated at Marlborough, and has paid that school the compliment of sending his three sons there, one of whom has had a distinguished and popular passage through our Medical College. From Marlborough he went to Trinity College, Oxford, with a Scholarship. There he obtained a First Class in the Final Honours School in Natural Science. He was awarded the Senior

Entrance Science Scholarship on entering St. Bartholomew's in 1900, and from that time onwards his progress has been marked by accomplishments and distinctions of all sorts. In 1903 he obtained both the Kirkes and the Medical Brackenbury Scholarships, and the next year was awarded the Lawrence Scholarship. He then became House Physician to Sir Dyce Duckworth and acquired a liking for neurology, which afterwards was to become of outstanding interest for him.

On leaving the House he joined the Department of Physiology as Demonstrator at a time when Dr. Edkins was in charge of it. In this position he at once sprang into popularity, and for two reasons:

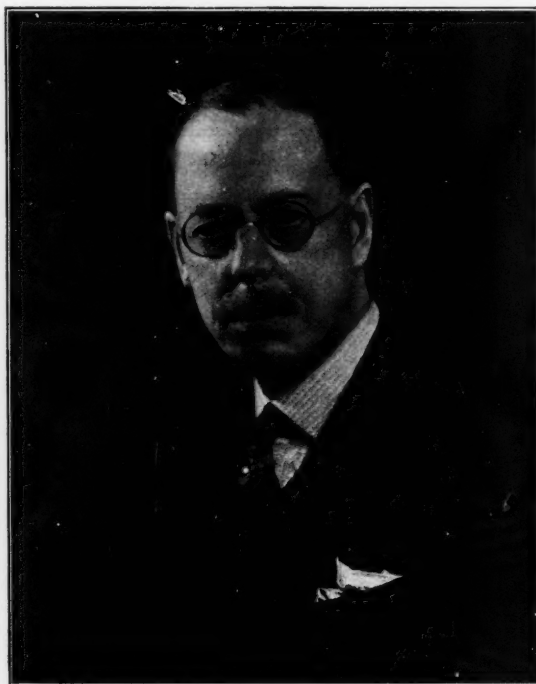
First on account of his personality and transparent honesty of purpose, and secondly because of his gift of lucid exposition and his attractive teaching. He collected together a large coaching class, which secured for him permanent friends for the future, and provided bodily needs for the present. His connection with physiology gave him an unusual opportunity—an opportunity of which he took the fullest advantage—of perfecting an intimate knowledge of the anatomy of the central nervous system, and this has been of the greatest value to him in his neurological work.

At this time he also held the post of Registrar and Pathologist at the National Hospital for Nervous Diseases, Queen Square—an appointment which by natural succession led to the Staff of the Hospital. This post he still holds, and will in the natural course continue to hold for many years. During this same period he was Physician to the Royal Northern Hospital, and so continued until he was appointed to St. Bartholomew's.

His happy salutation of "Well, my dear", when his advice is sought is calculated to cheer the most gloomy, and his sense of judgment and sanity, combined with the soundest possible knowledge, causes his opinion to be very widely canvassed. During the tenure of his post on the Staff of the Hospital he has acted in the double capacity of Neurologist and Physician. To follow him in his rounds in the wards is a strenuous experience. His pace is such that only a few of the more athletic Housemen have been known to survive their six months' appointment without acquiring a strained heart. His recent lecture on syringomyelia, which circum-

stances have since determined shall be the last of his regular course, will long be remembered by the very large number of those present as a model of lucidity and orderly arrangement. The large classes he has always attracted are the surest testimony of the excellence and usefulness of his teaching.

His interest in all sports is perennial. At Marlborough for three years he was in the cricket eleven. At Oxford he took to fencing, and represented the combined Universities in this art. He is a first-class golfer, with a handicap in single figures. He is a water-colour artist of no mean attainment, and in this, as would be guessed, he has a bright and refreshing originality. Perhaps his special gift is as a colourist; eschewing all the more sombre shades, he dabbles and daubs in a most refreshing manner with chrome yellow and rose madder. He is a good shot and a keen fisherman. He has been known to spend a solid month fishing for salmon without getting



C. M. HINDS HOWELL, D.M., F.R.C.P.

a fish, and yet survive with his enthusiasm untarnished. His knowledge of salmon flies is odd.

We shall miss his brightly-coloured car, "the fire-engine", from the Square, reminiscent as it is of the red mail-cart of Lord Muntagh of Bath, and which he drives round corners with such careless abandon, chiefly on two wheels.

It is pleasant to remember that Budge has many years to serve on the Staff of the National Hospital, and the greater leisure resulting from his retirement from our own Hospital provides him with an increased opportunity in his private work of advancing his and our knowledge.

CURRENT EVENTS

MR. UNDERWOOD

Our heartiest congratulations are extended to Mr. W. E. Underwood, not only upon his appointment to the position of Sub-Dean of the College, but also for his having been awarded the Jacksonian Prize for 1936. Mr. Underwood's subject was "Hydronephrosis". He approached the question by way of comparative anatomy, and amongst other interesting facts discovered that pigs are peculiarly susceptible to the disease. A series of experiments then led him to consider the parts played by the sympathetic nervous system in the ætiology, and he eventually decided upon a periarterial sympathectomy of the renal vessels as the best method of treating the idiopathic type which has so long puzzled clinicians. The results obtained were amazingly good, and we hope to publish a fuller account of the work at a later date.

As Sub-Dean, Mr. Underwood succeeds Dr. Charles Harris, who has been for some time, of course, Warden of the College as well, and who will now be able to confine his labours to the latter office. Although he will be sadly missed from the position he has so excellently filled during the past three years, we are at least fortunate that he is to have such an able successor.

NEW BLOCK OPENING

A great occasion for the Hospital will be the opening of the new medical block on Thursday, July 8th next. Her Majesty Queen Mary is to perform the ceremony at 3 p.m., when the block will be named, in accordance with the wish of his late Majesty, the "King George V Building".

ST. BARTHOLOMEW'S HOSPITAL EIGHTH DECENNIAL CONTEMPORARY CLUB

The Annual Dinner will be held at the Langham Hotel, Portland Place, on Wednesday, June 30th, at 7.30 for 7.45 (price 10s. 6d.). Dr. Morley Fletcher will take the Chair. All who joined the Hospital between 1885 and 1895 inclusive, and who subsequently qualified, are eligible to attend.

The Honorary Secretaries are anxious to secure a good attendance for Coronation Year, and request members residing in London to invite their friends from the country. Cards will be sent to all those whose

names are on the list. Inquiries should be addressed to Sir Charles Gordon-Watson, 82, Harley Street.

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ORTHOPÆDISTS

It gives us very great pleasure to announce the appointments of Mr. S. L. Higgs and Mr. H. J. Burrows to the respective positions of Orthopædic Surgeon and Assistant Orthopædic Surgeon, the former being, of course, in succession to Mr. R. C. Elmslie, who retired in January of this year.

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CORONATION DANCE

One of the most ambitious functions of its kind which has yet been planned for Charterhouse will take place there on Friday, May 14th. A Coronation Ball is to be held, with a dazzling programme of our local cabaret stars to lend glamour to the evening. No fewer than two bars are to be provided, thus pleasing both hikers and journalists. You may depend upon it, red, white and blue—yes, all three of them—will be much in evidence, and a memorable evening will be spent by all.

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SCHOLARSHIP RESULTS

<i>Brackenbury Scholarship in Surgery</i>	(J. B. Cuthbert, D. I. Crowther) <i>æq.</i>
<i>Brackenbury Scholarship in Medicine</i>	L. A. Ives.
<i>Prox. Access.</i>	J. B. Cuthbert.
<i>Matthews Duncan Medal and Prize</i>	D. I. Crowther.
<i>Prox. Access.</i>	H. L. M. Roualle.
	R. Thomson.
<i>Kirkes Scholarship and Gold Medal</i>	L. A. Ives.
<i>Willett Medal</i>	J. B. Cuthbert.
<i>Prox. Access.</i>	B. R. Billimoria.
<i>Burrows and Skynner Prizes</i>	L. A. Ives.
<i>Walsham Prize</i>	C. J. Longland.
<i>Foster Prize</i>	M. D. M. O'Callaghan.
	G. C. N. Acres.
	P. R. Latham.
	H. M. Jamison.
	R. F. Butterworth.
<i>Treasurer's Prize</i>	K. T. Brown.
	P. A. M. van de Linde.
	R. C. Bell.
<i>Harvey Prize</i>	Not awarded.
<i>Herbert Paterson Medal in Biochemistry</i>	E. H. Rees.
<i>Prox. Access.</i>	A. J. Walker.
<i>Senior Scholarship (in Anatomy, Physiology and Biochemistry)</i>	A. J. Walker.
<i>Junior Scholarship (in Anatomy and Physiology)</i>	(1. K. T. Brown.
	2. P. A. M. van de Linde.
<i>Hichens Prize</i>	J. M. Mungavin.
<i>Wix Prize</i>	Not yet awarded.
<i>Bentley Prize</i>	

VIEW DAY

In view of the Coronation a more extensive programme than usual has been planned for May 5th and the succeeding week. On Wednesday, the 5th, at 2.15 p.m. there will be a service in the Priory Church, with an address by Lord Horder, and at 3.15 the Lord Mayor will open an Exhibition of Bart.'s antiquities in the Great Hall. At 4.30 Mr. McAdam Eccles is to give a talk on the Hogarth Paintings.

On each succeeding day (with the exception of Sunday the 9th and Wednesday the 12th) there will be a specially conducted tour of the Priory Church and the Hospital at 11 a.m. and 2.30 p.m. until May 14th, and the Exhibition will also remain open daily from 11 a.m. to 5.30 p.m.

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"BART'S WIND PILL"

We have received many inquiries from all parts of the country of the identity of the "Bart's wind pill" which was mentioned in our recent review of the new Hospital Pharmacopoeia, and which is apparently less well known than we had supposed. It is *tabella creosoti*, the composition being: Creosote, 1 min.; hard soap, 1 gr.; and of liquorice, a sufficiency. It does its work well.

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HOSPITAL WEEK

Although hundreds of names have been recorded of those willing to collect in the City area for Bart.'s on the Hospitals' Week Flag Day (Tuesday, May 4th), many more are still required, and it is hoped that those willing to collect for a part of that day will immediately forward their names to Major R. P. Woodhouse, c/o Contributions and Appeals Department, St. Bartholomew's Hospital.

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HOLIDAY COURSE IN GERMANY

Last year a group of St. Thomas's men had a "medical holiday" in the town of Frankfurt-am-Main. This summer a similar course is being arranged for Bart.'s students, who will be the guests of the municipal and medical authorities of Frankfurt during the last fortnight of July.

The programme includes visits to the Medical Polyclinic, the Institutes of Radiology, of Orthopaedics, of

Skin Diseases, of Pathology, of Neurology, the Bureau of Heredity and Race Hygiene, etc., and probably to Nauheim Spa. At most of these the heads of the departments organize special series of lectures, cinema shows and demonstrations.

Knowledge of German will by no means be essential, as English-speaking student guides are provided, and the lectures are given in English or directly interpreted.

Full time will be given to other activities, and the holiday will certainly not be only a series of scientific studies. Apart from its historic and artistic value, Frankfurt provides many entertainments, and last year's visitors found it a very gay town. They visited as well Heidelberg, a work camp, a Nazi school and the Graaf Zeppelin. Evenings and week-ends will be free, and, in any case, there will be no necessity to follow all the course as arranged.

The cost of about £12 15s. includes travel, all meals, hotel accommodation, courses, excursions, service of guides and tips.

The dates are from July 17th to August 2nd.

Those who are interested should get into touch with A. S. Playfair as soon as possible, if they have not already done so.

* * *

FILM FANS

Only a small portion of the audience drank coffee at the monster feature programme put on by that celebrated impresario Dr. E. C. O. Jewesbury, on the evening of Friday, April 23rd.

A natural colour sequence of Dr. Gabb and the Scilly Isles was followed by a stirring lantern lecture on the internal economy of Manchuria, delivered by the League of Nations' lecturer himself, assisted by Mr. Watney, Mr. Reid and Mr. Coombe.

A film of the Staff v. Residents seven-a-side match and a series of local character studies, many of which came from the lens of the Journal's Candid Camera, completed a highly entertaining evening.

* * *

BISHOP PAGET

It is with great regret that we announce the death of Bishop Luke Paget. A full obituary notice will appear in next month's number of the JOURNAL.

A CASE OF CARCINOID TUMOUR OF THE STOMACH

ALTHOUGH the structure of carcinomata was recognized as early as 1833, not until 1888 did Lubarsch recognize the separate existence of carcinoid tumours. His distinction was the lack of metastases in carcinoids and the occasional multiplicity of carcinomatous tumours. To-day more importance is attached to staining methods, vacuolation and granulation of the cytoplasm, and to the lack of mitotic figures in the nucleus.

The common point of election is the appendix vermiformis, where carcinoid tumours are found in the routine examination of 0.3-0.4% of appendices removed surgically. More rarely is the tumour found in the small intestine, only 140 odd cases having been noted (Price). Still rarer is its occurrence in the stomach, the sole cases being recorded by Pettinari and Geshichter so far as can be discovered.

Carcinoid tumours are made up of spheroidal cells in definite groupings (*cf.* carcinoma), which are occasionally grouped round an atypical irregular lumen. They may involve the muscular layer and even the subserous layer. The cell cytoplasm is granular, staining deeply with Scharlach R and evidently contains lipoid material similar to that found in the adrenal cortex and in xanthoma-cells. The granulation is mainly at the vascular pole. There are rare mitoses but no amitotic figures. In the appendix carcinoids are generally single, but are often multiple in the small intestine.

The argentaffin or Kulchitsky cells are found in the bases of the crypts of Lieberkuhn, there being an average of 5-7 to each crypt. They appear in the fourth month of foetal life, and are distributed from the cardia of the stomach to the rectum. The cells are conical with a central nucleus, and deeply staining with Masson's silver reagents. Masson postulates that they form part of the endocrine system.

Albert C—, *æt.* 41, an unemployed carter and cowman, was admitted to Abernethy Ward complaining of generalized abdominal discomfort. He was healthy until 2½ years ago, when there was a gradual onset of difficulty in opening his bowels.

1½ years ago there was a gradual onset of epigastric tenderness and generalized abdominal discomfort, unrelated to meals, and combined with wind and distension. There was severe constipation with loose stools on relief. Frequent waterbrash and occasional vomiting were experienced.

6 months ago appendicectomy was performed with no improvement.

His weight was steady. Occasionally he had "pins

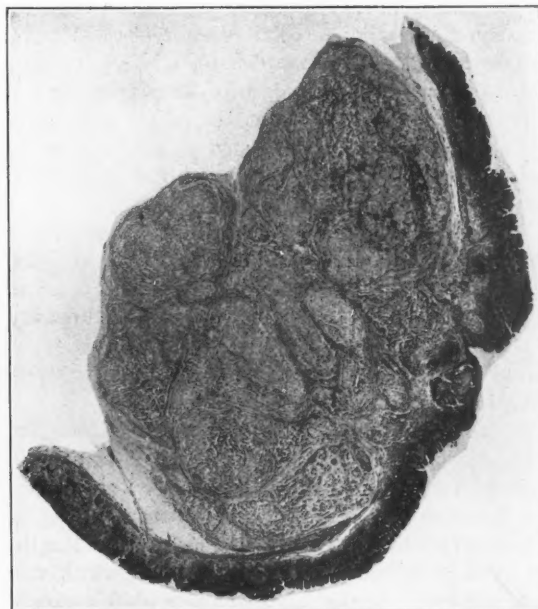
and needles" in the arms and legs. His appetite was poor.

Eleven years ago the patient had gastric influenza, 7 years ago "tuberculosis of the right knee", and recently influenza.

He formerly smoked 3 oz. of strong tobacco and drank 4-5 pints of beer per week. Meal-times were irregular owing to his occupation.

There was nothing relevant in his family history.

On examination, he is a well-built plethoric man.



CARCINOID TUMOUR. $\times 9$.

His tongue was moist, and he was almost edentulous. There were no palpable glands in the neck. In the chest gastric tympany was observed, peristaltic sounds being heard above the nipple in the left axilla.

The abdomen was well covered and moved well, with hyperæsthesia over the lower abdomen and lumbar region and generalized tenderness on deep palpation. There was no rigidity nor could any lump be felt. *Per rectum* nothing abnormal was discovered.

Over the ulnar three-quarters of the left hand and the lateral aspect of the entire left arm, and over the entire right hand and lateral aspect of the right arm, there was dullness to pinprick. Light touch sensation was impaired in all finger-tips.

There was generalized weakness of the calf and thigh muscles, with dullness to pinprick over the inner aspect of both calves.

The reflexes were normal.

The urine was normal.

The blood examination showed: Hæmoglobin 92%, red blood-cells 5,190,000, white blood-cells 4,400.

The fractional test-meal showed complete achlorhydria, refractory to histamine.

On X-ray examination the gall-bladder, stomach and intestines were apparently normal save for marked pylorospasm.

Dr. Denny Brown saw the patient, and was of the opinion that the skin sensations were a mild neuritic manifestation of the type commonly occurring in gastric carcinoma and other cachectic diseases—probably due to a mild vitamin B complex deficiency.

Three months ago Mr. Rodgers performed gastroscopy. Atrophic gastritis was observed. A small polypoid mass 1 cm. in diameter was seen projecting into the lumen, situated on the posterior wall of the greater curvature of the stomach, near the sphincter antri.

Mr. Rodgers again performed gastroscopy on admission. The polyp was apparently unchanged. There was seen a moderately severe gastritis—the probable cause of symptoms—producing an increase in depth and opacity of the mucosa.

An operation for the excision of the polyp was performed by Mr. Girling Ball on March 2nd, 1937.

Through a left paramedian incision 8 in. long the polyp was located by palpation and excised through the anterior wall of the stomach. Apart from a brief post-operative crisis recovery was uneventful.

The polyp was of 1 cm. diameter and 1.5 cm. length, and covered by mucosa save at its base, which was white and firm. Section revealed a firm white encapsulated tumour lying beneath a freely movable mucosa, showing the changes of quiescent atrophic gastritis. Coarse strands of fibrous tissue separated the structure into lobules. Strands of spheroidal cells with granular cytoplasm and no mitotic figures were separated by loose connective tissue.

The structure was concluded to be similar to a carcinoid tumour. No argentaffin cells could be demonstrated by Masson's silver impregnation methods, but it is well-known that in some carcinoid tumours the reaction is negative (Masson *et al.*). There was no evidence of malignancy either macro- or microscopically, the nuclei being faint staining and there being no suggestion of mitotic figures.

The removal of the polyp has not affected the abdominal symptoms, these being virtually unchanged and probably due to gastritis.

The early work on the pathology of carcinoid or argentaffin tumours has been excellently epitomized by Forbes. *Inter alia* it has been suggested that they are

carcinomata derived from mucosal epithelium, that they are basalomas analogous to Krompecher's basal-cell tumours (Bunting), and that they are pancreatic rests (Frappe).

Masson has contributed much to the literature and to technical methods. His silver impregnation methods of selective staining of argentaffin cells are well known. He explains the genesis of the argentaffinomas by an autonomous proliferation of the argentaffin (Kulchitsky) cells found in the bases of the crypts of Lieberkuhn. From this he infers that carcinoids are tumours of paraganglia, and has endeavoured to further this by work on appendix-neuromas—a view perhaps requiring further substantiation.

An interesting pathological observation is that argentaffin cells abound in those intestinal glands found in regenerated mucosa following chronic gastritis.

Similar cases are reported in the jejunum (Wood), small intestine (Gierlich and Price), and in Meckel's diverticulum (Hertzog and Carlson).

I am indebted to Mr. Girling Ball for permission to publish this case, and to Mr. Rodgers for his assistance.

REFERENCES.

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 FORBES.—*Bull. Johns Hopkins Hosp.*, xxx, p. 130.
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 PRICE, I.—*Ibid.*, xxiii, p. 30.
 GIERLICH.—*Frank. Zeitschr. f. Path.*, xlviii, p. 202.
 HERTZOG and CARLSON.—*Arch. Path.*, xx, p. 587.
 HUEBSCHAMM.—*Rev. Med. de la Suisse*, xxxi, p. 317.
 GESCHICHTER.—*Amer. Journ. Cancer*, xxv, p. 130.

G. J. WALLEY.

EPITAPH.

"Here lies Poor Sam, with learning unendowed,
 In each exam. inevitably ploughed;
 But now he's passed, and let no hand profane
 This hallowed ground, nor same be ploughed again."
 P. G.

A lift
 is swift
 'tween floors
 in stores.
 An escalator
 is sedater.

WOT.

SEQUESTRA

By the Probe

Hospital Ghost ?

Sinister tales are being told on the water-front concerning the SENIOR RESIDENT'S garage. Used for many years as a place to keep the SENIOR RESIDENT'S car, the old building is now carefully avoided after dusk by wayfaring probationers. One tells of unaccountable noises coming from within, another of a hideous man emerging covered in blood.

* * *

Ghost Laid. When shown a recent statement in the 'Daily Express' to the effect that kissing is becoming increasingly common, SENIOR RESIDENT ANÆSTHETIST BLACKBURN, whose hand was swathed in bandages, laughed easily, and suggested that the noises were due to his engine cooling.

MR. INNES, a well-known expert, when asked for his views, laughed characteristically. "Some fun," he said, with a significant gesture, "is more fun than other fun." "I find they like it" said MR. JOYCE, with a proud sweep of his moustache.

* * *

Church Hits Out.

A high official of the Student Christian Movement expressed strong views to me on the question and broke at once into canticle :

"We will denounce it as a myth
To say that Brother BRODIE SMITH
Beguiles the hours of darkness with
Clandestine osculations.

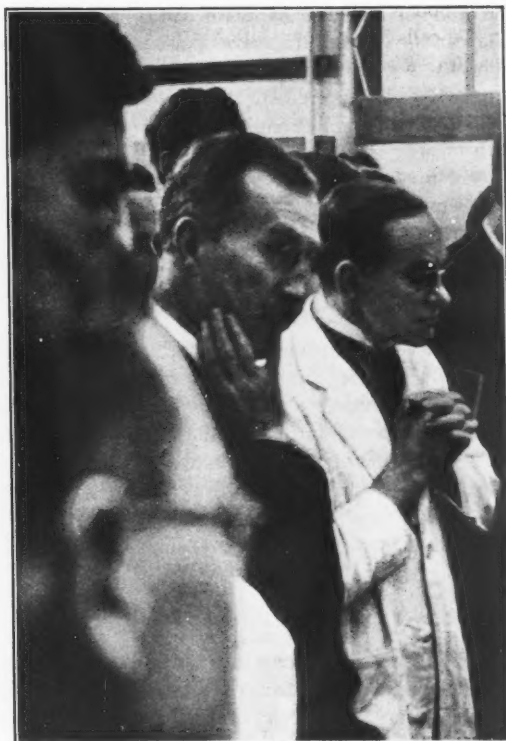
"For everybody ought to know
That all good Student Christians go
To bed by ten, and up again
They get at six or seven.

"And then they practise with a will
Some energetic Swedish drill,
Or standing by the window-sill
Inhale the air of heaven.

"So let us give a lough hurrah
For FOSTER, MOYNAGH and KANAAR,
And let us praise both JONES and JAYES
And CARPENTER and HACKETT. . ."

He stopped for breath.

OUR CANDID CAMERA.



"LIGHTEN OUR DARKNESS."

An exclusive shot of the recent big Oxford Group Rally.

* * *

Suffer, Little Children.

I understand that RONALD GIBSON celebrated his daughter's first birthday by becoming a doctor. She expressed her appreciation in a way that babies have . . .

* * *

Medicos Step Out.

At a recent party held by the Medical Unit in Bruton Street a certain amount of dancing took place. A rigid censorship forbids a full report, but suffice it to say that there is absolutely no truth in the statement that DR. SPENCE was seen drinking neat œstrone. "I tell you there is *nothing* wrong with my glands!" shouted the irate doctor while denying this.

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Watch on the Rhine. The recent Expeditionary Force to the German frontier returns with stirring tales of the Rhineland. Führer GRAY,

who was invalided home with severe gastric lesions, believes the enemy to have poisoned the drinking supplies. While his men, (who were simply splendid), manned the pumps and kept the cross-Channel transport completely dry from Ostend to Dover.

NOTES FOR THE USE OF WIVES OF YOUNG SURGEONS

IT is all very interesting, the sharing of life with the newly qualified surgical aspirant, so much so that one is prompted to offer a word of advice, and with it, sound a note of warning. An end has come to the former life when one paid anxious visits to Queen Square, where one's horizon was bounded by note-books and lectures, where the task was to spur on the lazy and put breaks on the over-zealous.

THE HOUSE SURGEON.

Now the student blossoms into the house surgeon, and the wifely duties have changed in character. The wife of a house surgeon in comparison has an easier time. The first fence has been taken, and there follows a year of ever-growing responsibility and interest. The first six months pass quickly, the greatest problem being to see that the house surgeon arrives punctually at 9 o'clock each morning in the surgery, and it is during the second six months that the young wife is apt to realize what she has undertaken in marrying a medical man. There is the period known as "being on duty", and she should get conditioned to this as soon as possible. Clever men infer to their wives that the running of the Hospital during that time rests on them alone. She will get used to such remarks as "I got — down last night to do that —, but of course I could have done it just as well myself", or "I worked non-stop for twenty hours—no time for food". This last statement may be interpreted, "I had at least eight snacks in the theatre". No house surgeon has ever been known to suffer from starvation. Slack duties are resented, arduous ones cursed but secretly enjoyed. When the husband returns home after one of the latter he must be handled with care, fed succulently, and allowed the maximum amount of sleep and rest. Social commitments should be avoided, particularly dinner engagements on the Chief's operating afternoon. It

is hard for a woman to realize at first, but the tit-bits of operating at the end of a list or the sewing up of a case are more prized than a most amusing party.

Early in her married life the surgeon's wife must learn to make graceful and convincing excuses—"being kept at the Hospital" is generally sufficient to calm the lay host or hostess, but it becomes tiresome if employed too often. To colleagues it must be used with discretion. It is sometimes helpful to give the impression of the great, though youthful, doctor working hard at his Hospital, grappling with death, every moment filled with vital work. The anger of an impatient cook, whose dinner is spoiled from being kept, will melt if this is pointed out, and, later on, when research work is done, and specimens are brought home to inspect or fix over the week-ends, when the best pie-dishes and buckets are borrowed for surgical research, this picture of the great man will again smooth the way.

The household will never know of the hours spent gossiping by the Fountain, or the discussions in the surgeons' changing rooms on far from surgical subjects. The great-man illusion is a subtle one, useful when arranging domestic matters, or even to cheer a despondent husband, but it must not be carried too far. If it is, the result will be complete slavery for wife and household.

THE DEMONSTRATOR.

An appointment that allows a husband to sleep at home. There are no duties to mar the months, but alas, this period is usually spent working for the "Fellowship". To the innocent wife the attainment of such coveted letters as F.R.C.S. conjure up visions of the immediate possession of a large house in Harley Street and a stately dining-room filled with expensively dressed private patients. Poor dear! The goal this time is Lincoln's Inn Fields, not Queen Square; the way is harder, the note-books fatter, and the volumes to be read are thicker. For months the anxious wife will not dare to dust desks or tables; scraps of lecture notes will drift through her rooms, and finally she will have to navigate between such weighty tomes as Messrs. Choice and Rose and Carliss. Examiners will be discussed, some cursed, while the atmosphere grows more tense each day. Now the examination, and finally, the last *viva*. The marble halls of the College are filled with silent, pale-faced men. The hour strikes. Candidates are called. If there is an interval and her husband disappears into the Library, the wife may break into song, for he has passed. The second fence has been cleared, the one with the water-jump at the far side. If he has failed, he slowly descends the noble staircase to be consoled and encouraged for the next attempt.

THE CHIEF ASSISTANT.

For the wife who, so to speak, has started at the beginning of the race, this is a welcome stretch of the course. Five years is a long time, and great things may happen. It is pleasant to hear one's husband called "Sir", and be looked up to, even admired, and slowly, at curiously spaced intervals, and from unexpected sources, private patients appear.

In this period it is possible to get to know many sides of hospital life, for which there is no better education than to sit in the Square at any time of day or night. Here is the Piccadilly Circus, where the humble and great pass by. During the day, white-coated figures, clutching stethoscopes, dash across; students lounge on the benches, while the Chiefs, their heads "lightly bowed, heavy with thought; pregnant with resource" meet their trail of dressers, and disappear into the blocks. Theatre pinks, with their inimitable air of chic and sophistication, and swift-footed nurses, heralded by the crackling of aprons, go by; ward maids emerge with baskets on their arms, looking as though they were about to cry "Bottles! Bottles of drugs!". The Matron may pass, her white coif billowing as she walks with all the dignity of a great *chatelaine*; porters trundle stretchers and food wagons; ambulances arrive with new patients, anxious relatives wander aimlessly about, cheerful convalescent children play around the shelters and talk to less fortunate companions in the rows of beds.

On summer evenings, when the Square is quiet after the day's traffic, the sisters sit in groups under the trees. As night falls come the distinctive sounds of a busy neighbourhood, the factory-like racket of the G.P.O., working up to a crescendo towards midnight, the hiss of steam lorries freighting carcasses for Smithfield, and ships' sirens wailing from London Pool. Beyond the Square is the quiet church, a pious reminder of the founders of the Hospital, the medieval gate-house, where twice a week a swarm of visitors block the way, leading to the market where cattle have been bought and sold for over a thousand years, and the smell of disinfectants has mingled with that of dust and curing bacon. On a busy morning the Surgery is too like a station before Bank Holiday, with all the trains delayed, to mean much to an onlooker; but for the doctor's wife, whose every minor ailment is coddled, it is a salutary experience to see sick people *walk* into hospital, and observe the stoical patience of the injured. Always the same types will be found, the bench full of garrulous old women exchanging lurid stories, enjoying themselves as though they were at a pub, anæmic clerks and burly meat porters, tired mothers with squalling babies

and youngsters themselves, probably former patients, bringing more juvenile members of the family up for treatment. Through the chatter comes the clang of an ambulance bell, and the entry of police conveying their catch.

It is helpful to know other wives and fellow sufferers, and such occasions as View Day, Christmas shows and other festivities give ample opportunity. She will find that she belongs to a closely-knit community with an absorbing common interest that makes friendship easy. She will find, too, that she is not the only wife who has accused her husband of "being married to the Hospital". It is the wise wife who realizes the charms of the mistress.

The end of the five years comes at last—and the high jump. Perhaps it is cleared, and a place on the staff achieved. A grand moment this, but far more often it means the finish of that familiar course. The wife whose husband, during the past year, has perhaps grown restless and critical, and longs to stretch his wings, may be surprised at the feeling of desolation that comes with the final week's work, the last out-patients, the last operating day. But she will not fail to share and understand the heart-ache of that farewell.

CLOTHES.

The young surgeon's apparel is of the greatest importance; he should be dressed in the neatest and darkest of suits; immaculate shirts and Bond Street ties are to be recommended. Only the most eminent can afford to be seen in brown tweeds baggy about the knees, pullovers, or cerise ties. If black coats are worn, a certain latitude is allowed in the stripes of trousers, and unexpected originality will often be discerned about the legs of the otherwise entirely soberly clad.

From the sartorial angle consider the following concerning a young surgeon who went to see a case when not in "uniform". One Sunday morning this newly-appointed Chief Assistant went to the Hospital wearing an ancient tweed suit. While in the wards a call came from an important G.P. in the country. A fat fee was mentioned. The young man had no time to return home to change, and, borrowing sufficient instruments from the theatre (he had none of his own, anyway), dashed off to the train. The G.P., driving a Rolls, met him at the station. His expression of disgust so unnerved the consultant that he nearly leaped on the train again. The result of this visit was that the G.P. never sent him another case, and next day the young surgeon interviewed his tailor. As a cheering fact the operation proved a success and the patient was satisfied. But that was not the point.

CARS.

It used to be easy to tell the financial position of a man by the horse-power of his car, but this is not so any more, and cases have been known of struggling members of the Junior Staff driving to Hospital in the most super models. A humble make of car will pass, but, like the apparel of its owner, must be kept spotless.

PLEASURE AND HOBBIES.

The importance of these cannot be too well stressed. The leisure of medical men is strictly limited, so the considerate wife has the opportunity to choose such things as will benefit and please her husband. Any hobby should be encouraged, however ill-fitting and undignified it be, and were it known how some immaculate and omnipotent Harley Street deities spend their Saturdays and Sundays, any fear of "*lèse majesté*" would disappear. There being little time for reading for pleasure, the considerate wife will tell her husband briefly the events of the outside world, and of the books and plays that may be discussed at dinner tables. If she is successful, her hosts on such occasions will compliment her on having such a well-read and intelligent husband.

TRAVELLING AND VISITING FOREIGN CLINICS.

To work at a foreign clinic gives, so to speak, the finishing touches to a medical education. The joys of travelling can be combined with a worthy purpose, or so the young surgeon argues to his wife. Doubts, nevertheless, darken her mind. If she has an iron constitution and the patience of Job, all will be well. Foreign clinics begin work earlier, have longer periods off for meals, the buildings are infinitely more modern, and there is an excess of steel equipment. The nurses in Europe will be found to be more like nuns than those at home, and those in America more like Mr. Cochrane's young ladies. But surgeons all over the world can be divided into three or four distinctive types, and their wives also. The travelling surgeon will vary between moods of wild exhilaration when he has seen something unique, or one of critical superiority when his own Hospital rises in his estimation. It is better for the accompanying wife to arrange her own programme, otherwise trailing about Hospitals looking at new theatres or dish sterilizers she will get foot-sore and exhausted. The wife who speaks a foreign language fluently scores many points, and if she can rise to translating scientific papers, she is treated with a new respect. It is amazing how a few days spent watching Prof. Poppiloff or Mr. Silas W. Scratch will enhance a budding reputation.

ON SECRETARIES AND CONSULTING ROOMS.

It is useful to be able to type, but unwise to take on too much secretarial work. There is a risk of being sacked by the time one's husband is doing really interesting work. Every wife must be prepared for an increase of professional expenses parallel with that of income. Full-time consulting rooms, dictaphones, longer instrument bills—all are a necessary investment.

ENTERTAINING.

Entertaining will march with the purse—or perhaps a little faster. This applies especially to foreign doctors, and one's return visits will be overwhelmed with hospitality.

In entertaining the Chief and his wife, it is well to remember that they were probably young and struggling once. Therefore one must not swank, but try to keep the conversation on a suitable level, and be prepared for the inevitable shop. Be sure of the status of medical guests. It is fatal to ask a Chief Assistant "when he hopes to be qualified?" Patients should not be discussed, or one's husband's ambition to do the next appendix on the firm, or his plans should he be made President of the Royal College of Surgeons.

SCHOLARSHIPS, TRAVELLING AND OTHERWISE.

There are about ten of these available each year, and if one's husband is a bright young man he will try and get one of them, or possibly, having got away with one, will want several. It is best to make a rule that all work is done away from home. Laboratories in dressing-rooms and spare corners are never successful; the most valued specimens are apt to be thrown out by the char or eaten by the cat, and oneself will be blamed. If funds are low, learn to do lab.-boy work, and grin and bear it.

ON WRITING PAPERS FOR JOURNALS.

To be encouraged, for by such efforts are the fledgelings known. Listen attentively to each article the master of the house produces, and if one can make sense of it it is probably good. Any criticism must be tactful or the author is likely to go off in a huff, saying, "You don't know in the least what you are talking about!"

PHOTOGRAPHIC REFLECTION.

It's strange the way a person can
Imagine he's a handsome man,
When any camera will give
An answer in the negative.

"WHAT I ALWAYS SAY IS."*

13. Get the history from the patient himself, unless you are a veterinary surgeon or a children's doctor.

14. When you're taking a history, never forget that there are some people who suffer from a congenital inability to tell the truth.

15. I've often said that a patient with gummatous disease of the larynx complains of pain in his leg.

16. I know only two causes of morning vomiting—pregnancy and drink.

17. All patients in a medical ward are constipated. As long as there's a "1" on the chart every day everyone's satisfied, but as a matter of fact most of them are a fortnight behind the times.

18. If an examiner gets in your way, ask him to get out of it.

19. You may examine a hernia with the patient lying down if you like, but you *must* examine him standing up.

20. No abdominal examination is complete without a rectal examination.

21. Any man who is suffering from some trouble in the region of his anus, from condylomata to carcinoma, will tell you he has "a touch of piles".

22. A globular swelling always contains fluid.

23. When Providence has taken the trouble to endow you with a specially sensitive index finger, why go and test for fluctuation with another?

24. Lipomata are "sub-" everything.

25. The commonest cause of tuberculous glands in the posterior triangle is *Pediculosis capitis*.

26. Leucoplakia of the tongue is said to be due to smoking. Well, it may be, but leucoplakia of the vulva isn't.

27. 95% of cases of chronic superficial glossitis are syphilitic; the other 5% occur in your relations and friends.

(To be continued.)

CROSS-WORD

There were no solvers of last month's puzzle so we present herewith a simpler proposition.

N.B.—All words down are reversed.

Across.

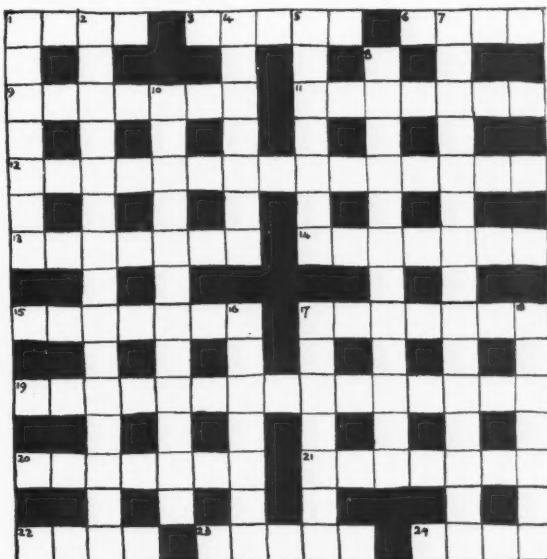
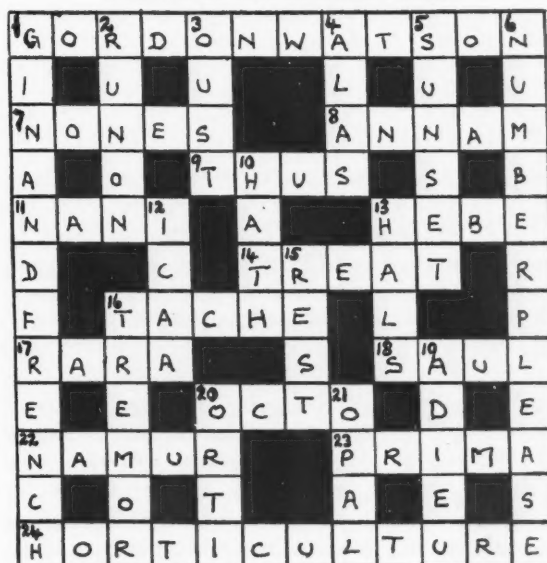
1. Cow, tool or water.
3. Frankincense and ———
6. Those of adversity are sweet.
9. These clues are.
11. Water up north.
12. Apple (4, 2, 9).
13. Figure cut by 1 down?
14. Like most phases.
15. Little trews for ladies.
17. Was Cain?
19. Talking shop? (8, 2, 5).
20. Goes before a Scot.
21. Like oil on troubled water.

* Mr. R. Cozens Bailey's Aphorisms, continued from vol. xlv, p. 125, 1937.

22. Is such a horse of pasteboard?
23. Reversed, as in a mirror.
24. The poet no longer carries a sword.

Down.

1. See 13 across.
2. Marked by ceremony at sea (8, 3, 4).
4. As one is born.
5. Overweening—like the flesh, only more so.
7. Result of 10 with Red Biddy? (6, 9).
8. You may be this by 10 anyway (5, 2, 1, 4).
10. See 7 and 8 (2 words, 8 and 4).
16. Beginning.
17. Associated with George in the order.
18. These letters stand out.

**Solution to last month's Puzzle.**

(The prize offer of a copy of *Round the Fountain* for the first correct solution sent in before May 19th still holds.)

UNDERSTANDING DREAMS TO-DAY

A fruitful source for fruitless discussion, the subject of dreams is one on which most people have only a few vague but tenacious ideas.

This article sums up and correlates present-day knowledge, reviewing it in the light of modern psychology.

IT is really remarkable how the great majority of people are willing to take their dreams for granted. To the waking mind there is a succession of images which appear only at nights, and over which the dreamer has no apparent control. Images they are without a doubt, yet as we dream they appear clear, very clear, real, and sometimes painful in their convincing ways.

There is something uncanny about this: no wonder that in their dreams the ancients saw visions sent by gods or devils. Many people to-day without expressing the thought in this way, are just as willing to seek an explanation in the supernatural (with all the loose meanings that are given to this word). For prices of threepence and upwards one may buy convenient little indices telling what yesterday's dream meant; one London evening paper will interpret dreams free of charge, on the receipt of a post-card description.

The chief point that will be brought out in this article is that the dream is extremely closely connected with the dreamer himself as a human being and is dependent solely upon him. No other powers of darkness or of light are concerned in the matter. More than that, the dream is often an index to the hidden parts of the dreamer's mind. It is a purely personal business, and no one should recount his dreams light-heartedly in public without first stopping to consider if he is likely to give away part of his soul-secrets.

Its Convincing Ways.

Firstly, why is a dream so convincing at the time? A dream often seems absurd on waking, yet at the time of the dream it appears to have a fabric of reality far more genuine than day-dreams, and sometimes even more solid than the experiences of waking action. Asleep we have broken away from the world. We are in the dark, we have isolated ourselves, we are motionless, supine, and the sensory impressions reaching the body are reduced to their minimum. Obviously then what ideas pass through our heads become realities because genuine waking realities are absent and cannot be compared with mere mental processes to show them up as shadowy frauds. If the reader were to fall asleep now and were to dream of being at the bottom of the sea with fishes floating around him, he would no longer see his companions, the surrounding furniture, and the

printed page before him to prove to him by his senses that he was really comfortably on dry land, and that the fishes and seaweed were merely the result of cerebral wanderlust.

Yet we have exceptions. Here are examples from one man who did research on 500 of his own dreams. Van Eeden gives two cases where he quite realized the artificiality of his dream visions. One showed him lying on his chest in the garden. He realized that this was a dream, and decided to wake up and see how he would change back to the position of lying on his back in bed. "And so," he says, "I did, slowly, deliberately, and the transition (which I have since undergone many times) is most wonderful. It is like a feeling of stepping from one body into another, and there is a distinct double recollection of the two bodies."

On another occasion he writes: "I was perfectly well aware I was dreaming, and considered what sorts of experiments I could make. I began by trying to break glass by beating it with a stone. . . . Yet it would not break. Then I took a fine claret glass from the table and struck it with my fist with all my might, at the same time reflecting how dangerous it would be to do this in waking life. Yet the glass remained whole. But when I looked again after some time it was broken.

"It broke all right, but a little too late, like an actor who has missed his cue. This gave me a very curious impression of being in a false world, cleverly imitated, but with small failures. I took the broken glass and threw it out of the window, in order to observe whether I could hear the tinkling. I heard the noise all right; I even saw two dogs run away from it quite naturally. I thought what a good imitation this comedy world was. Then I saw a decanter with claret and tasted it, noting with perfect clearness of mind, 'Well, we can also have voluntary impressions of taste in this dream world; this has quite the taste of wine'."

The Length of a Dream.

One much discussed point in dreams is the time factor. Does a dream occupy all the time it seems to, or does it take place in a flash, a fraction of a second? The answer is fairly simple, and it is surprising that experimenters, stop-watch in hand, still find it worth while to go on tickling sleepers with feathers, sousing them with water or directing lights on their faces to reach mutually conflicting results. If yours is a rapid, vivid imagination, the dream will occupy a relatively short time; but if you are one of the slower, plodding, more methodical thinkers, then the dream time will be correspondingly longer. It is a purely personal factor, and there is little point in trying to make a more general statement, applicable to everybody.

Its Origin.

By far the most important problem is that of the dream material. What are the component parts of dreams, what is their relationship to one another and to the dreamer, and what process is there to unite the dream stories?

Dreams seem to make their selection according to principles quite other than those of waking life. It is not what ordinarily seems essential and important which features, but generally the more trivial and subordinate details which waking life disregards. It is quite often stated that the material comes straight from the past. Not a distant past, but from the mental impressions of the last few days.

This statement needs careful qualifying. The last few days provides the material which acts as starting-point, which releases the trigger of dream work. Now by association in the mind long forgotten details crowd up and may feature. The younger material has stirred up the old dormant recollections. These may be so dormant that they are quite unrecognized by the dreamer; from the depths of the unconscious they appear. Many people in their dreams describe infantile experiences which are recognizable only by their elders. Freud states that already at two years old a child has the capability of understanding and reacting to complicated mental situations. However, between the ages of five and eight there is a mass forgetting, the *amnesia of childhood*. The past and forgotten wishes and impressions which were important to the child remain only in the unconscious mind. But they may appear later in the dreams or neuroses of adult life.

Investigation has been done of course on the bodily sources or external stimuli of dreams. For some people these are the only sources. We all know how a noise outside can be distorted into a dream of marching troops or a pressure in the neck suggest hanging. The representation may be more subtle and symbolic. One dreamer, for instance, was suffering from toothache. He saw two rows of fair boys opposite each other on a bridge. They suddenly fell upon each other and then reformed their original two rows. In this way the dream reminded him of the teeth of his upper and lower jaws at work.

Every dreamer knows how the alarm clock bell can appear disguised at first to fit in with a dream. One dreamer, for instance, saw himself on the road to church; he entered the grounds, and after meeting some friends, walked round the graveyard for some time, examining the tombstones. Then suddenly the church bells (*i.e.* the alarm clock) started pealing. What is interesting in this example is the way the external source of the dream,

the alarm ringing, has fitted in quite logically and nicely with the first part of the dream, which we can assume to have taken place before the alarm went off.

The Three Points of Nightmares.

Nightmares deserve a short mention. Of course it is impossible to define just where a dream leaves off being merely unpleasant and becomes a full-blooded nightmare. But at least three essential characteristics can be given for the nightmare. The first is the horrible state of mental anguish which accompanies it—a state best described by the untranslatable German word "Angst", a state of dread not fixed on any special object. Secondly there is feeling of oppression on the chest, a fear of suffocation. Nightmares are associated with visions of a devil sitting on one's chest. Added to these two there is the third feature, the finishing touch: a feeling of complete powerlessness, helpless paralysis. It is this inability to move against the evil influences one imagines that gives the dreamer such mental agony. What is the cause of the nightmare? Over-eating? Indigestion? This is a very popular idea, but has been energetically refuted by scientists. A regular sufferer found that his nightmares were far worse when he tried to go on a very light and easily digestible diet. Besides, one cannot make nightmares to order by having a huge meal at bedtime. An interesting point is that the nightmare is far more likely to appear if the sleeper is on his back. The wise psychologist advises the patient to sleep on his side. It is certain that there must be some bodily element at work.

Freud: The Wish-fulfilment.

It is about time now to detail the Freudian theory of dreams. It appeared in 1899, and almost everyone knows something about it. But only just something, and it is deplorable how often the mention of Freud is received either with a shrug of the shoulders or with a sly dig in the ribs. The work of Freud is extremely valuable, and by far the most important of any theory yet propounded on the matter. Even those who disagree with or have broken away from Freud, such as Jung or Adler or, in this country, McDougall, respect the man as a scientist and accept much of his theory.

Life in this world in our rather complicated social system is not easy, and it requires a vast amount of control and learning to hold ourselves back from many actions before we can fit in the scheme of communal living. Life is accompanied by constant repression of many wishes. What happens to these crushed wishes? One cannot merely dismiss and lose them. Stored under pressure they lie dormant in our subconscious mind. In various ways they will manifest themselves in trivial, apparently meaningless actions, in mannerisms, in

forgetfulness, in mistakes, in neuroses they appear. But above all they surge out in dreams.

If we cannot fulfil our desires when awake, then our repressions "come out at night", and are built up in the dream. The dream, then, is a *wish-fulfilment*. But do not imagine that all the wishes which thus appear fulfilled in dreams have necessarily come from the subconscious mind. They may be quite ordinary wishes, connected with the immediate bodily state of the dreamer. The poor, hungry man on the Embankment may dream of warmth, luxury and food. If the sleeper is thirsty, his mouth dry, and he badly needs a drink, he may dream that he is drinking water from a stream. Here the dream acts as a *preservative of sleep* as well as a wish-fulfilment. Here is another true example:

One medical student was awoken by his landlady, who told him he had to hurry if he was to reach the Hospital in time to perform his duties. But the student, very sleepy, dozed off again and dreamt that he was at the Hospital already, hard at work. The idea here was this: "I am at my work; all is well, and therefore I need exert myself no further." We have already seen the way the noise of an alarm clock can appear in a dream as a ringing quite different from that which suggests that it is time to get up. Here again the real state of affairs is disguised, and the dream cheats the sleeper into having a little longer rest, or perhaps even into being able to sleep through the alarm.

A. S. PLAYFAIR.

(To be continued.)

THE ARROWHEAD.

"I too touched this"
—His voice beside me—
"Fingered it lightly
While yet it lay unshapen."
"I envisaged it"
—Quietly, with pride—
"In my imagination flighted it;
Traced its shaft;
Witnessed the victim's pain as it struck.
Then I laboured with tools,
Worked it and polished
Till it shone like a jewel
In its hasteless symmetry."
The voice faded—
I, in my turn, appraised his work;
Sought his intent.
Then cast I widely—
Stone for the next who finds! M.

BART'S ON HOLIDAY

2. LEPERS

IN the colonies the most difficult part of the native problem is to convince the natives that they are being ruled for their own good. Some of them remain unconvinced and adapt a very low standard of life, in which they develop various nutritional defects. They also tend to clothe themselves very inadequately. As a side issue of the main problem, the Latin countries have native leper problems which are dealt with by segregation.

During one winter vacation, in company with a number of other students, I was camping on an island near one of these leper asylums. We were naturally interested in the conditions under which they lived. The arrangements, as described, seemed ideal. There were about 150 lepers of both sexes, and so village and communal life was possible. They were left undisturbed, and supplied with food, bandages, medicine, clothing and fishing-nets. The only restriction was that they were not, in any circumstances, allowed to leave the island. No one was allowed to go near them. This last damped us a little, but did not extinguish our interest. There was nothing to stop us going, except the prospect of being gaoled or deported. However, it was not necessary for us to outlaw ourselves. A friendly native commissioner made arrangements for us to pay an unofficial visit on condition we kept it secret until our return to British territory.

The trip to the island was made on a sailing-boat. As we got near we saw the whole community paraded on the sands. At first sight they did not look different from poverty-stricken natives in any other part of Africa. There was a general uniformity in appearance, due to their being clothed in sacks. However, it is not exceptional to see natives so clothed.

Joe, the headman, welcomed us, or rather, he accepted us with resignation. His lesions were of the nodular type, and he had the overgrowth of the nose and tissues of the cheek to which text-books apply the name "lion face". His voice was husky, and he lost no time in asking us for bread. I don't think that this implied that he was starved, as he looked quite well nourished. It is more likely that he wanted a change from a particularly monotonous diet.

The majority had mixed nodular and nervous lesions. In cases where the nerves were affected it was possible to palpate the ulnar nerve from the axilla to the wrist. The phalanges of the fingers and toes were in various stages of absorption. The proximal phalanges were first absorbed—the digits became progressively shorter until, in some cases, there was a stump of a finger about

$\frac{1}{2}$ in. long capped with a small nail. This eventually disappeared, leaving an ulcer. In severe cases the patients had nothing beyond the metacarpo-phalangeal joints. For some reason, absorption of the thumb appears to be slower. I did not examine the feet very carefully. A number walked about with the help of sticks, and their feet seemed very much shorter than they would have been had the process stopped short at the metatarso-phalangeal joints.

In some, especially children, the cartilage of the nose seemed to be particularly affected. In one case the septum was almost completely eroded, and it was possible to see the post-nasal space quite easily.

I regret that I am unable to describe the skin-lesions. They were rare, and I can recollect only a greyish-white circular patch on the chest of one patient.

The women resented everything about us. They demanded bread, and on our failure to produce any collected into a little band at a distance and chattered volubly. There were few children about, though some of them appeared quite healthy. Perhaps the women are not very fertile, or the infant mortality may be high.

The native village was not very different from most native villages. It contained clean and dirty huts, depending on the inhabitants. An attempt is made to cultivate a native tuber which is popular in the district. However, the soil is too sandy and crops do not do well.

I don't know whether occupational therapy for leprosy is generally recommended; anyway, it is the only one recognized on the island. Seeds and fishing-nets are provided. A ration of ground maize is also provided. However, even to the most anæsthetic palate, ground maize must soon become monotonous. At all events the lepers use their nets and many cunning contraptions for fishing, and they attempt to grow subsidiary foods. Bandages may be provided. I never saw any. Sores on the hands and feet were wrapped in rags which looked as if they had never been anything else.

A white functionary, who might be described as the keeper, visits the place once a week and sees to the distribution of the food ration. I think he also calls a roll sometimes. Once a month a medical officer pays a visit.

I made several attempts to find out how the patients felt about their conditions. However, I was not sufficiently fluent to be able to win their confidence. One individual, much emaciated and wearing dark-tinted spectacles, claimed to be English. Actually he was not, but he spoke English fluently. Unfortunately he was more anxious to show his intellectual accomplishments—reading, writing and telling the time—than to tell me how he felt and what he thought. However, I assumed that he was contented because he

showed no particular enthusiasm when I mentioned the possibility of his being repatriated. At least two adults had no trace of disease. One had been there for fourteen years. After two years his lesions had cleared up. Whether this was spontaneous, miraculous or just due to a wrong diagnosis it is impossible to say. It is also unimportant. The point is that he preferred remaining on the island to going home. The stay of the other had been shorter, but his story was similar. If two people are free to leave and they prefer to stay, then surely the place possesses attractions which are not patent to the casual visitor. I was never actually convinced that they were free to leave.

Subsequently, when out with the fishing-boats, I managed to pay several visits to the island which really were unofficial, and I could never decide whether the lepers were contented or merely resigned. Except for their physical disabilities and the fact that they live in a particularly unfertile spot, their conditions are not markedly worse than those of the natives of the mainland.

I have been vague as to the locality and administration of the island because I would not like to be the remote cause of a flare-up of the official conscience, which would satisfy itself with closer supervision of the lepers. The conditions on the island must be perfectly well known to the authorities through their medical officer.

A. R. D.

CORRESPONDENCE

A CENTENARIAN

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—My mother celebrated her 100th birthday on April 16th. Inheritance is the dominant factor.

Her father was born as long ago as 1792, and himself lived into his 84th year. Her grandfather, born in 1760, died, I believe, in 1845; at any rate my mother remembers reading to him. Her mother was 85, and one of her sisters 94, and this sister's life was shortened by an accident. Incidentally she remembers her husband's grandfather, whose portrait hangs in the College Hall at Bart's.

This was John Jeaffreson, who was apprenticed to Abernethy, and who started practice in Islington when Islington was a village (1803). His son was Henry Jeaffreson, the Bart.'s physician. My father succeeded to the Islington practice and was another John Jeaffreson. The usual Royal telegram was sent on the 16th, and a private letter from Queen Mary (my mother still works for Queen Mary's Needlework Guild).

Yours faithfully,

J. LESLIE JEAFFRESON, M.D.

Thatched Cottage,
Blisworth;
April 19th, 1937.

STUDENTS' UNION

COUNCIL At a recent meeting a new Entertainments Committee for the coming year was elected. It will consist of Mr. R. Ramsay (Sec.), with Messrs. Burnham-Slipper and Bateman. Further members may be co-opted by the committee at its discretion. The new triumvirate's first big job is, of course, the Coronation Carnival Ball, and it argues well for their labours that at the time of going to press the tickets are already completely sold out.

A question which has been much debated of late was raised by Mr. Crowther. He suggested that the Library should remain open until 6 p.m. during term, and for a definite daily period during the Summer Vacation. He pointed out that at present the Library closes just when rounds and lectures are finished for the day, and it is possible to read uninterruptedly for an hour or so. Theoretically, on the other hand, it opens at 8 a.m., an hour which is not only barbarous, but simply impossible for anyone living at a distance from the Hospital. Members voiced a similar grievance in respect of the Pathology Museum, which also closes at an early hour.

The Council unanimously approved Mr. Crowther's suggestions, and it was agreed to send a letter to the Dean suggesting that the Medical College should consider the possibility of acting in the matter.

With regard to Mr. Quibell's suggestion that the Museum should

stay open until 5 p.m., even during the vacation, the Secretary was instructed to approach Prof. Hadfield.

A sub-committee consisting of Mr. Burnham-Slipper, Mr. Harmer and Mr. Flavell (the two Secretaries and Vice-Presidents being *ex-officio* members) was elected to consider revision of the laws and rules of the constitution of the Union. Co-operation of club secretaries was to be invited, and suggested alterations in the rules of their respective clubs submitted to the subcommittee for approval.

The following honours for the past season were submitted and approved:

Rugger Club: P. L. Candler, J. C. Newbold, J. G. Berry, A. K. Marshall, J. Pleydell, J. W. G. Evans, M. Laybourne, E. Griffiths, S. T. Hayes, R. D. Hearn, K. Moynagh, P. D. Swinstead, A. R. P. Ellis, K. A. Irving, A. D. Graham, R. Mundy, K. C. Burrow.

Fencing Club: J. K. Gould and W. H. Jopling.

Hockey Club: A. D. Messert, R. Heyland, M. E. Moore, A. H. Massina, E. Griffiths, O. Sookias, J. R. Winter, T. M. C. Roberts, P. F. Barwood, S. R. Hewitt, K. O. Harrison.

SPORTS NEWS

RUGBY FOOTBALL The Annual Inter-firm Seven-a-side Tournament was held, before a gratifyingly large audience, at Winchmore Hill on April 10th. The day was fine and remarkably warm, the pitch, though slippery in places, was in better condition than at any time since last autumn, and the spectators were treated to some quite good football.

The Cup was won by the Pink Firm for the first time. Their galaxy of stars had little difficulty in the earlier rounds, and in an interesting final they defeated the holders, the Light Blue Firm, by 11 pts. to 5. The Light Blues had previously defeated a much fancied side—the Pre-Clinicals.

Teams.—Pink: Candler; Coupland, Jack, Berry; Irving, Collinson, Greenberg.

Light Blue: Benson; Hayes, Mundy, Akeroyd; Richards, Hanbury-Webber, Dalley.

The match between the Chief Assistants and the Residents was played on the same afternoon, and proved no less amusing than usual. In spite of every encouragement, however, the Chief Assistants were defeated without very much difficulty.

Teams.—Chief Assistants: A. E. Francis; D. G. ff. Edward, E. M. Darmady, J. N. Blusger, W. D. Coltart; J. W. Cope, W. E. Underwood (capt.); R. Klaber, H. B. Lee, C. K. Vartan, G. Discombe, O. S. Tubbs, R. L. Benison, R. G. Gilbert, J. M. Jackson.

Residents: F. G. Ward; R. T. Gabb, J. T. H. Butt (capt.), G. Blackburn, K. O. Black; J. C. Newbold, E. B. Z. Masterman; G. L. Bohn, C. McNeill, E. W. Dorrell, J. F. Patterson, W. Warren, G. Dalley, R. Mundy, E. C. O. Jewesbury.

Review of the Season.—The season's results have already been discussed; there remains only to mention the fact that, of the sixteen or seventeen people who have played more or less regularly for the 1st XV, at least fifteen will be with us next season, and at least twelve should still be with us the season after, which seems good for the future.

Of the men who have played for us:

J. C. Newbold has captained the team throughout the season with great determination. His own play, though consistently good, seldom reached the heights of former seasons until the Cup matches came along, when his pyrotechnic displays proved that he can still be the ball-of-fire at which we have marvelled in the past.

Vice-captain Mundy has been a tower of strength to the Club, especially in the lines-out—usually when Mundy was out of the side, the ball went out on the other side. His speed and experience have

been tremendous assets, not least on his own return to the centre for the Harlequins match.

Mr. Secretary Hearn has not only fulfilled the functions of his office with remarkable efficiency, but also, as a scrum-half, has played so consistently well since the beginning of the season that one might almost think him unlucky because Ireland possesses another scrum-half of such unusual merit.

Of P. L. Candler little need be said here except that, well though he played last season, he has played even better this, and will, we hope, play even better next season as our captain. That he has continued to occupy a deserved place in the English XV shows that there are yet some (glory be!)—though they may not write for our contemporaries—who recognize a footballer when they see one.

K. C. Burrow having shown a very welcome return to form this season, many games have been made the more interesting by his skilful exposition of the art of that much-maligned player the wing forward. It is possible to be a "spoiler" and yet not to spoil the game. The "points value" of such a player was many times demonstrated by the frequency with which he was up for the scoring pass.

The hooking of K. D. Moynagh has been a very real help to the side, the more praiseworthy because the shove has not always been as vigorous or well timed as it might have been.

In P. D. Swinstead the side possesses a forward of tremendously solid worth—his legs are still the thickest in the club. He has shoved really hard throughout the season, and has proved a valuable member of the second row.

One must confess to a little disappointment in E. Griffiths. There was no improvement in his play since the previous season, and he seemed at times to be just a shade slower. However, he chased the ball very effectively on numerous occasions, which shows that he can still run with some rapidity.

J. W. G. Evans—a player of very great possibilities—was not ideally placed at centre three-quarter. He has speed, determination, and a fair technique, but his tactical sense leaves something to be desired. He has done many very good things, however, and in the last few matches showed great promise as a full back.

K. G. Irving has magnificently lived up to his reputation. He is a tireless runner who has given us many a fine filibustering performance. We wish him well in the ungrateful duties of Secretary.

M. Laybourne has been one of the stars of the season at centre-three-quarter. This young player is destined for high honours when once he has "filled out".

J. G. Berry occupied the onerous position of full-back for most of the season, and even if, on occasion, he found the burden a little more than he could bear—he is not ideally built for first-class rugger—he has played several excellent games.

RUGBY TOUR The Rugger season was wound up by a very pleasant and not unsuccessful tour in Cornwall. It is true we lost against **Torquay** (0-6) and **Falmouth** (0-11), but a draw with **Redruth** (3-3) on their own ground in appalling weather conditions was very satisfactory. The feature of the tour was the excellent play of J. W. G. Evans at full-back—his first time—but surely not his last—for the Hospital in this position. The outsidies all tried hard. The tackling of M. Laybourne and the determined running of P. Armstrong were especially noticeable; the latter played a splendid game against Torquay. P. L. Candler played consistently well, and his kicking, both in attack and defence, was of great use to the side.

The forwards did very well, especially as they were outweighed in all three games. Against Redruth they were definitely on top, feeling the ball repeatedly both in the tight and loose scrums. In fact with a little more luck and a little more speed outside the scrum the results would have been undoubtedly better.

CRICKET PROSPECTS, 1937

The only blot on our "prospect landscape" is a cup-match which has to be played off before the end of May. This leaves us with only four matches with which to prepare ourselves for the fray—a ridiculously short time in which to choose a match-winning side. However, our opponents are in the same boat. Nine of last year's cup-winning XI are available; we shall greatly miss Mr. Wheeler's fine batting and enthusiastic fielding, and it is with the utmost regret that we understand that our wicket-keeper Mr. A. H. Hunt cannot play until after May. There are many good batsmen in the Hospital, and a stalwart batting side should easily be built up. Our fast attack is again available, and if we can find a good slow bowler with a steady length, the attack will be formidable. The problem of unearthing a slow bowler is a difficult one, there being a lack of class bowlers of this type in amateur cricket to-day. Mr. H. E. G. Boyle is our President for another year, and we shall mightily profit from his sound advice and stimulating enthusiasm. A cricketer with much experience has joined the ranks of our Vice-Presidents in the person of Mr. J. E. A. O'Connell, and we look forward to seeing him often at Winchmore Hill. A large number of freshmen at Charterhouse Square have supplied details of their prowess on the cricket field, and, theoretically at any rate, should provide much good material. The 3rd XI is being equipped with new cricket gear—a necessity which has been lacking for some time past. It is quite as important that the 2nd and 3rd XI's should have an enjoyable and successful season, as that the 1st XI should win every trophy under the sun. In the lower sides you may not find the most artistic players, but certainly you will see some of the keenest.

Cricket is a game, and not a cup-winning proposition. ["Hurrah!" —Ed.]

A tour has been arranged in Somerset, Devon and Dorset, with Ilminster as our headquarters. Games will be played at Ilminster, Seaton and Bruton, and at the county ground at Taunton. We hope this project will be as enjoyable as last year.

An innovation this year is the formation of the "Bart's Bulgarians", a thoroughly rustic side under the captaincy of C. J. Walley. We trust that he will safely steer his ship through long grass and cow-patches. Their games will mostly be played on Sundays, and matches have been arranged with several "pukka" village sides. There are few rules of membership, the chief being "that any gentleman failing to be out of his crease, shall forfeit the price of a pint of ale, payable in kind to his captain".

This will be our last season at Winchmore Hill, and it is with many regrets that we shall leave our happy hunting-ground, but at the same time pleasantly anticipating a grand square of good English turf which White assures us he is preparing for us at Chislehurst.

COLOGNE HOCKEY FESTIVAL

The expedition was always light-hearted, and the terrors of the journey and the Channel were soon disproved, even by a certain member of the party who had forfeited his blood-sugar and liver long before Folkestone. On board, Messrs. Cook treated us to a passable lunch, washed down with Belgian ale. Some preferred to walk the deck, which was covered with "youth-in-shorts", while others preferred to extend their experience of Belgian beer. The latter, or some of them, passed through Ostend and the Customs in a mist—but what did that matter? Ostend seemed horrible, and for most of us beauty in Belgium seemed confined to design in certain railway coaches.

At Cologne we almost received the welcome that had been prepared

for the Metropolitan Police, who were meant to arrive on our train. Our hosts discovered the mistake just in time to stop the massed bands striking up. Two of our party missed the train at Brussels, but eventually arrived in the early hours of the morning. The Met. Police eventually arrived on another platform, and we stood stolidly to attention through four national anthems, while the natives, unconcerned, pursued their industry. The hotel, which was comfortable, seemed for most to be an adequate excuse for sleep on our first night in Germany; but some were ready to burn the midnight oil, and waking next day, they found themselves tortured by the unaccustomed medium of their revelry. Dr. Masina prescribed castor oil for some unfortunate. The waiter took the potion upstairs and presented it to a sleepy innocent, with "Drink this, sir", in perfect English. The invitation was accepted, and there were now two patients instead of one.

On the first morning we took lessons in therapeutics, with a visit to the Buru Works, a short way to the north. We were conducted over the packing factory, and saw luminal, prontosil, evipan and arsenicals in bulk. Aspirin in mountainous piles was directed into packets printed in a great variety of languages. Later we saw a film of the activities of the works, and we were carried back at high speed along a section of the new automobile roads.

Hockey was played and watched with great enthusiasm by our camp-followers; the Germans would watch in silence, which on occasion was fearfully broken by the well-worn cry, "Come on, Bart's". At intervals a few converts were made, and lessons were given in the technique of support. The German opponents took it very well, though usually they managed to score more often. The actual results were:

v. Rot. Weiss Hockey Club	Lost 5-0
v. " " "	Won 2-1
v. M. Gladbach Hockey Club	Lost 5-1
v. Köln-Bohn Stadtmansschaft combined side	2-1

The last-mentioned side was one of the strongest sides playing in the Hockey Festival and were unbeaten. We played them on Monday after four days of "fun and frolics" and, *mirabile dictu*, produced some brilliant hockey. Never before and possibly never again will the side play so well.

The trip up the Rhine by steamer was a cheery party in the huge cabin below decks; while on deck there was a single bright interval, when the whole company came up to admire the bridges at Bonn and the closely-set vineyards and hotels on the Siebengebirge. For most of the journey we were besieged with a mixture of snow and rain, so that the scenery did not become memorable. Many fine German songs were sung, including "O Tannenbaum", with its original delightful words, while we in our turn gave pious renderings of "Ilkley Moor", "Tipperary", "One finger, one thumb, one arm", etc.

For the rest of our trip the memory is clouded for some periods; lengthy collaboration would only assemble a dull collection of dates and events. The party was not slow to make friends, and not only with our compatriots, the Police and the Beckenham Travellers. The colours of the latter were described as "dunkelblau, himmelblau, and vielchenblau". This description caused much amusement among the local people, who frequently use "blau" as a term for inebriation, while the degree may be indicated by the prefix.

Our friends were always courteous, and political questions were carefully avoided. Our guide, most esteemed Paul, was an expert in his job. He spoke perfect English, of course, and in addition he suffered our foibles willingly. The pleasant studious Wolfgang, with Rupert, who obliged us at last one night by turning "himmelblau", rolling off some fine songs in dialect; and the elusive ones whom on our departure we might regret, with Goethe:

"Unmöglich scheint immer die Rose,
Unbegreiflich die Nachtigall."

We learned much besides commonplace German. The songs were delightful, and through them we were able most readily to appreciate the spirit of the Rheinland.

"Du kannst nicht treu sein,
Nein, nein, das kannst du nicht,
Wenn auch dein Herz mir wahre liebe verspricht.
Im deinem Herzen
Hast du für viele Platz,
Deshalb bist du auch nicht für mich
Der richtige Schatz!"

We would sing this many times a day, and in the absence of our German friends we used to argue what the precise and even the general meaning of the song was. After all, a negative makes a deal of difference, and two extra ones were inserted at certain periods in the course of our visit.

It would be foolish to deny that there were most convivial moments. The banquet provided by our hosts, the Rot. Weiss Club, was a masterpiece of organization, and was completed with Rudesheimer, in quantity enough for any Englishman. The wine was superb, and there were a few who found, to their surprise and for their future guidance, that the precious fluid, like those "golden rain drops", never brought regret to the reveller.

If we wished to eat, there was always a snack available, and some of us would prefer "Leberwurst" to some of the items on the Bart.'s menu; while if it was night, the sausage sellers would always collect where they were needed. The sausages were excellent, provided they were adequately cooked; unfortunately, disaster overtook several gentlemen due to this innocent-looking foodstuff.

For some of us the pleasantest hour was the contrast provided by rest; and even if we could not, or would not, sleep, there were memories of varied form. One could be serious and consider the fitness of the German hockey players; the beautifully ordered stadium, with its charming boating pool, its race-courses and tracks laid out in the old State Forest; those spontaneous laughs; the camaraderie of complete strangers; the efficient organization; and the never-to-be-forgotten "Ticy-Ticy" club under the Presidentship of Mr. Armstrong.

Need it be said that in spite of much done and greatly enjoyed, we were all glad to get back to England and to dig our teeth once more into good English steak.

REVIEWS

St. Bartholomew's Hospital Reports. Vol. LXIX, 1936. (London: John Murray.) Pp. xxvi + 413. Price 21s. (to Subscribers, 15s.).

The Hospital Reports are intended to give an account of the lines of investigation being pursued in the several Departments of the Hospital, and to keep old Bart.'s men in touch with the progress recorded on all sides. It is fitting, then, that this volume should contain an article by the Dean on the New Medical College, in which the history of the College and the details of its rehousing are excellently set out.

Dr. Cullinan's account of subacute necrosis of the liver describes the clinical picture of recurrent idiopathic jaundice associated with subacute necrosis of the liver, and the careful and detailed case-reports stress the clear-cut syndrome, which has not hitherto been as widely recognized as the pathological findings. The figures and plates are extremely clear and complete in the account of the histology of the condition. There follows an article by Dr. Bodley Scott and Dr. Robb-Smith on the Progressive Hyperplasias of the Reticulo-Endothelial System, containing a classification of the diseases associated with hyperplasia of mesenchymal derivatives and three case-reports with histological findings to illustrate them.

Bronchiectasis and non-tuberculous "fibrosis" of the lungs in childhood is discussed by Dr. Franklin in a series of cases investigated with lipiodol. An account is given of the incidence of respiratory infections in the latter group, and the cases of bronchiectasis are divided into the saccular and fusiform types—a distinction which may well be valueless in clinical investigations, but is at least pleasing to radiologists and pathologists, who demonstrate it.

Mr. Payne has described the post-mortem findings after partial gastrectomy in 51 cases, and alludes in particular to the importance of fuller pre-operative investigation and preparation, and Mr. Raven presents an analysis of 92 cases of perforated gastric and the same number of perforated duodenal ulcer. This branch of surgery is also discussed from the radiological standpoint by Dr. Simon in a well-illustrated article on the Gastro-Duodenal Mucosal Pattern with graduated compression.

Perhaps the most striking surgical contribution, however, is Mr. Seddon's on Arthrodesis for Tuberculosis of the Hip in Children. The results of an extra-articular operation with a graft from the ilium rather than the tibia are analysed, and indicate the superiority of this method of treatment over the older conservative alternative.

The distinction between the localized and diffuse type of tuberculous cervical lymphadenitis and its treatment is admirably dealt with by Mr. Thompson, and Dr. Oakley's article on the erythrocyte sedimentation-rate in nephritis is the product of valuable and

painstaking enquiry. Dr. Warren, too, is to be congratulated on his contribution on auricular flutter during the treatment of auricular fibrillation by quinidine sulphate.

It only remains to allude to the Report of the Cancer Department for 1935 and an investigation of the results of Deep X-ray Therapy in Malignant Disease by Dr. Levitt and Dr. Phillips, and these two articles alone make this volume particularly attractive to all old Bart.'s men. It includes also great tributes to the late Dr. Canti, Sir Archibald Garrod and Sir Wilmot Herringham, and the usual summary of the proceedings of the Paget Club and Abernethian Society, together with a list of additions to the Library and Museum.

The Operations of Surgery. VOL. II: THE ABDOMEN. By R. P. ROWLANDS, M.S., F.R.C.S., and PHILIP TURNER, B.Sc., M.S., F.R.C.S. Eighth edition. (J. & A. Churchill, Ltd.) Pp. 979. Price 36s. net.

Vol. ii of this admirable work (vol. i was reviewed in the October JOURNAL) deals with the surgery of the abdomen, including gynaecological operations, and concluding with a chapter on recent surgical developments. The first new edition since 1927, the book was ripe for revision, and a great part of it has actually been rewritten and revised, bringing it well up to date in all the departments within its scope. The latter is wide, though in such subjects as gynaecology, orthopaedics, etc., the operations described have been limited to those likely to be needed in emergency, and to a few of the more orthodox procedures.

In the chapter on "Recent Developments" an account is given of several cranial operations, of Berlin's complete thyroidectomy for congestive heart failure, and of the radical treatment of carcinoma of the oesophagus. A special section has also been contributed by Mr. R. C. Brock, M.S., upon surgery of the chest, which though excellent is still worthy, we think, of further expansion.

For the rest, the book is exceedingly well produced and lavishly illustrated. Considerable stress has been laid throughout upon the indications for and against operation, and a clear account given of the troubles that may bestrew the surgeon's path. For candidates working for Fellowship examinations, and for the busy surgeon who wishes rapidly to review alternative and recent methods of surgical procedure, we could hardly recommend a better book.

Leprosy: A Practical Text-book for Use in China. By JAMES L. MAXWELL, M.D.(Lond.) (Shanghai, 1937.) Price \$2 in China; abroad, 4s.

There is no disease which is associated with greater dread, with greater hatred for the unfortunate victim or with greater ignorance than leprosy. Because of the living death to which it consigns its victims, it has always been regarded with peculiar horror and cloaked with superstition. Medical interest in past decades has been scant, partly owing to general ignorance, and partly to the special difficulties that arise in investigating this chronic disease.

This book is a very welcome addition to the literature on the subject, and deals comprehensively with the problem from geographical survey, diagnosis and pathology to treatment, prognosis and the organization of leper settlements. The question of the number of lepers in China is cautiously discussed: "Considering the facts . . . an estimate of a million lepers in China is not likely after all to be any gross exaggeration", which is appalling, but probably true. The author rightly criticizes the view that climate is responsible for the patchy distribution of the disease. Insanitary conditions, hookworm and malarial infections are probably the deciding factors.

Although the classification of the many types of leprosy into neural and cutaneous types, as drawn up by the Philippine Leprosy Conference of 1931, is shown by the author to be unsuitable for China, it is the one adopted in this book for want of a better. Treatment is fully discussed under the headings of General, Dietetic and Medicinal. Voluntary segregation and personal prophylaxis are essential. Chaulmoogra oil and its derivatives form the basis of therapeutic treatment, and the auxiliary uses of potassium iodide are described. The claims of the aniline dye treatment are criticized.

The author points out in his chapter on leper settlements that "the provision of leper settlements does not solve the problem of leprosy". Treatment of all early cases is the only satisfactory method for eradication of the disease. That is the crux of the problem, for it is extremely difficult to get hold of the young cases. His proposal "to plan systematically to cover a given area of country by special leprosy clinics placed at strategic centres" appears to be a practical solution that will be successful.

An excellent book, well illustrated, it will be invaluable to practitioners in China and those interested in tropical disease.

TIMES FOR ATTENDANCES IN THE OUT-PATIENTS' AND SPECIAL DEPARTMENTS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Out-Patients. New cases : 9 a.m. Old cases : male, 10 a.m. ; female, 10.30 a.m.	Dr. G. Bourne at 9 a.m.	Prof. L. Witts and Dr. A. W. Spence at 9 a.m.	Dr. J. Maxwell at 9 a.m.	Dr. F. G. Chandler at 9 a.m.	Prof. L. Witts and Dr. A. W. Spence at 9 a.m.	Dr. E. R. Cullinan at 9 a.m.
Surgical Out-Patients. New cases : 9 a.m. Old cases : 10 a.m.	Mr. Naunton Morgan at 9 a.m. Prof. Ross at 11 a.m.	Mr. J. B. Hume at 9 a.m.	Mr. J. P. Hosford at 9 a.m.	Prof. Paterson Ross at 9 a.m.	Mr. Rupert Corbett at 9 a.m.	Mr. G. L. Keynes at 9 a.m.
Diseases of Women	Dr. Shaw (new cases at 9 a.m. only).	Cases referred from House Physicians and House Surgeons only at 10 a.m.	Dr. Donaldson and Dr. Beattie at 1 p.m.†	Cases referred from House Physicians and House Surgeons only at 10 a.m.	—	Dr. Shaw at 9 a.m.
Ante-Natal Clinic	Dr. Shaw at 9 a.m.	—	—	Dr. Donaldson, Dr. Shaw and Dr. Beattie at 12.30 p.m.	—	—
Orthopædic Department	Mr. S. L. Higgs at 1 p.m.	—	—	Mr. H. J. Burrows at 1 p.m.	—	—
Throat and Nose Department	Mr. Bedford Russell at 1 p.m.	Mr. Capps at 9 a.m.	—	Mr. Bedford Russell at 9 a.m.	Mr. Capps at 1 p.m.	—
Aural Department	Mr. S. R. Scott at 1 p.m.	Mr. N. A. Jory (tem- porarily) at 9 a.m.	—	Mr. S. R. Scott at 9 a.m.	Mr. N. A. Jory (tem- porarily) at 1 p.m.	—
Ophthalmic Department	Mr. Rupert Scott at 1 p.m.	Mr. Foster Moore at 1 p.m.	—	Mr. Rupert Scott at 1 p.m.	Mr. Foster Moore at 1 p.m.	—
Skin Department	—	Dr. Roxburgh at 9 a.m.	Dr. Roxburgh at 9 a.m.	—	Dr. Roxburgh at 9 a.m.	—
Psychological Department	—	—	—	—	Dr. Porter Phillips at 1.30 p.m.	—
*Electrical Department	Dr. Cumberbatch. Males at 2 p.m.	Dr. Cumberbatch. Females at 2 p.m.	—	Dr. Cumberbatch. Males at 2 p.m.	Dr. Cumberbatch. Females at 2 p.m.	—
*X-Ray Depart- ment	Dr. Loughborough at 9.30 a.m. Dr. Finzi and Dr. Sparks at 1.30 p.m.	Dr. Finzi at 9.30 a.m. Dr. Stone at 1.30 p.m.	Dr. Stone at 9.30 a.m.	Dr. Loughborough at 9.30 a.m. and Dr. Stone at 1.30 p.m.	Dr. Sparks at 9.30 a.m. Dr. Loughborough at 1.30 p.m.	Dr. Sparks at 9.30 a.m.
*Exercises and Mas- sage Department	Women, 9 a.m. Men and women, 1.30 p.m.	Men, 9 a.m. Men and women, 1.30 p.m.	Women, 9 a.m. till 1 p.m.	Men, 9 a.m. Men and women, 1.30 p.m.	Women, 9 a.m. Men and women, 1.30 p.m.	Men, 9 a.m. till 1 p.m.
Diseases of Children	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m. Country cases at 12.45 p.m.	Dr. Franklin at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Franklin at 9 a.m.	Dr. Franklin at 9 a.m.
Dental Depart- ment	Mr. Cowan at 9 a.m.	Mr. Coleman and Mr. Kenshole at 9 a.m.	Mr. Hankey and Mr. Cambrook at 9 a.m.	Mr. Fairbank and Mr. Cowan at 9 a.m.	Mr. Kenshole at 9 a.m.	Mr. Hankey and Mr. Cambrook at 9 a.m.
Tuberculosis Dispensary	—	12.30 p.m. to 2.30 p.m. 2.30 p.m. Art. Pneumothorax Clinic. 5 to 7 p.m.†	—	—	New cases : 12.30 p.m. Old cases : 3 to 4 p.m.	—
Venereal Depart- ment (New patients can be seen in the Department at any time)	Men, 4.45 to 6.45 p.m.	Women and children, 4 to 6 p.m. Irrigations 4.45-6.45 p.m.	— Irrigations 4.45-6.45 p.m.	Men, 12 to 2 p.m.	Women and chil- dren, 12 to 2 p.m. Irrigations 4.45-6.45 p.m.	— Irrigations 9-10.30 a.m.
Plastic Surgery	Sir Harold Gillies at 2 p.m.	—	—	—	—	—
Neurological Clinic	—	—	Dr. Denny-Brown at 12.30 p.m.	Dr. Hinds Howell at 12.30 p.m.	—	—

* Patients are not seen in these Departments unless recommended by the Medical Staff.

† These hours are intended for patients who cannot attend at mid-day.

‡ Patients with Doctor's letters only, or who have been previously examined by the Gynæcological House Surgeon.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

- POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Ipsissima Verba. XII: Two Liverpool Surgeons. II. Edward Alanson, A Pioneer in Hospital Sanitation." *British Journal of Surgery*, January, 1937.
- SMITH, W., M.D. "A Comparison between the Adsorptive Action of Kaolin and Kaolin-alumina Mixture on Faecal Bacteria." *Lancet*, February 20th, 1937.
- SPENCE, ALLAN W., M.D., M.R.C.P. "Addison's Disease and Suprarenal Insufficiency." *British Medical Journal*, February 6th, 1937.
- "The Adeno-Genital Syndrome and Suprarenal Tumours." *British Medical Journal*, February 13th, 1937.
- TAYLOR, HERMAN, M.Ch., F.R.C.S. "Gastroscopy: Its History, Technique, and Clinical Value, with Report on Sixty Cases." *British Journal of Surgery*, January, 1937.
- WALKER, KENNETH, M.B., F.R.C.S. "Recent Advances in the Pathology and Treatment of Prostatic Enlargement." *Clinical Journal*, March, 1937.
- WITTS, L. J., M.D., F.R.C.P. "Ritual Purgation in Modern Medicine." *Lancet*, February 20th, 1937.

EXAMINATIONS, ETC.

University of London

Second Examination for Medical Degrees, March, 1937.

Part I.—Adlam, J. P., Anderson, A. W., Andrews, R. H., Bates, M., Bell, R. C., Bennett, D. H., Bhargava, K. P., Brown, K. T., Canti, G., Cohen, L., Cooper, C. F., Feldman, L., Galvan, R. M., Harland, D. H. C., Harrison, K. O., Helm, H. G., Hersman, M., Horbacz, H., Jones, H. M., Klidjian, A., Lewis, B., Long, D., Lustigman, M., Lyon, W. C., McCready, I. A. J., MacDougall, I. P. M., Maconochie, A. D. A., Mariani, G., Mathes, C. J., Meade, F. B., Miller, P. J., Nicoll, E. D., Vere, O'Carroll, C. B., Ogilvie, K. R., Packer, F. H., Parker, K. H. J. B., Purcell, S. D., Reckless, D., Richards, T. H. E., Robertson, J. A., Sandilands, J. A. J., Schofield, R. D. W., Sinha, K. N., Stern, D., Stewart, J. G., Thompson, M. R., Tomback, S., van de Linde, P. A. M., Watson, P. C., Webb, E. J. E., Weber, G. N., Wild, A. M., Williams, T. M., Winocour, G.

Part II.—Akeroyd, G. A. S., Birch, R. G., Bone, D. H., Boomla, R. F., Butterworth, R. F., Chisholm, J. K., Corsi, E. L., Cronin, J. D., Desmarais, M., Dickson, R. R., Dunn, J. R., Fitzhardinge, A. N. B., Fry, P., Gollidge, N. H. H., Griffiths, E., Hall, W. S., Hayes, S. T., Horton, J. A. G., Jamison, H. M., John, A. O., Jones, H. B., Kingston, R. F., Latcham, P. R., Liberthson, A., McFarlane, M., Manning, J. D., Morris, O. D., O'Callaghan, M. D. M., Pablot, P. J., Pezeshgi, H., Rees, E. H., Saudek, A. C. J., Scatliff, J. N. R., Simpson, R. A. H., Sutton, M. G., Walker, A. J., Ward, A. I., Waytzman, M., Wince, W. H. D.

Conjoint Examination Board

Pre-Medical Examination, March, 1937.

Chemistry.—Bickford, J. A. R., Gallimore, J. O., Genese, H. N. H., Jones, H. G., Loveless, R.

Physics.—Bickford, J. A. R., Gallimore, J. O., Genese, H. N. H., Jones, H. G., Loveless, R., Malins, R. N.

Biology.—Bickford, J. A. R., Brewerton, R. S. E., Feanny, P., Gallimore, J. O., Leviné, E., Loveless, R., Malins, R. N., Mistlin, L.

First Examination, April, 1937.

Anatomy.—Belam, O. H., McLean, T. M., Stratton, H. J. M., Upshon, H. M.

Physiology.—Belam, O. H., Carroll, C. R. K., Evans, W. M., James, C. T. A., McLean, T. M., Upshon, H. M., Vincent, S. E.

Pharmacology.—Howse, N. C., Joyce, J. B., Owlett, R., Stevenson, W. A. H., Vincent, S. E., Wheelwright, J. B.

CHANGES OF ADDRESS

- ALLOTT, E. N., Newtonmore, Downs Hill, Beckenham, Kent. (Tel. Beckenham 0964.)
- ARMITAGE, C. E. A., Dormers, Bannerdown, Batheaston, Bath.
- BARNSELY, A., The Gap, Fort Road, Guildford. (Tel. 2491—unchanged.)
- BURSTAL, E. W., The White House, Lutterworth, Rugby. (Tel. 19.)
- CLARK, B. MAULE, Municipal Health Department, Pietermaritzburg, South Africa.
- EVANS, FRANKIS T., 4, Regent's Court, Park Road, N.W. 1. (Tel. Paddington 9236.)
- GALLOR, E., 83, Vincent Square, Westminster, S.W. 1. (Tel. Victoria 5237.)
- JONES, F. AVERY, 43, Cleveland Square, W. 2.
- PATTERSON, R. M., 45, Wimpole Street, W. 1. (Tel. Welbeck 5063.)

APPOINTMENT

- CLARK, B. MAULE, M.R.C.P., D.P.H., appointed Medical Officer of Health to the City of Pietermaritzburg, South Africa.

BIRTHS

- DANNATT.—On March 24th, 1937, at the Middlesex Hospital, W. 1, to Marjorie, wife of R. M. Dannatt, F.R.C.S.—a son.
- GROVES.—On March 20th, 1937, at 20, Devonshire Place, W. 1, to Myrtle (née St. John), wife of Dr. John Nixon Groves—a daughter.
- LIST.—On March 31st, 1937, to Dr. and Mrs. H. M. List (née Carr), of 251, Manchester Road, Rochdale—a son.
- MERCER.—On March 26th, 1937, at Holmcroft, Datchet, Bucks, to Rita, wife of R. Vaudrey Mercer, B.Chir., St. Edmonds, Bourne End, Bucks—a daughter.
- PIRIE.—On March 24th, 1937, at Great Baddow, to Margaret and Harold Pirie—twins (a son and daughter).
- TURNER.—On March 23rd, 1937, at "The Gables", Bracknell, to Peggy, wife of Dr. Ronald Turner—a son.

MARRIAGES

- FLETCHER—FRANKS.—On March 23rd, 1937, in London, Dr. Ernest Fletcher, of 71, Harley Street, W. 1, to Mary Louise Franks, of Rectory Farm, Sellindge, Kent.
- WARD—TOOTH.—On April 17th, 1937, at Holy Trinity Church, Brompton, Dr. Frederick Godsall Ward, only son of Dr. and Mrs. V. G. Ward, West Byfleet, Surrey, to Pamela Ada, only daughter of Mr. and Mrs. E. A. Tooth, of 6, Tilney Street, W. 1.

DEATHS

- COLES.—On April 15th, 1937, at 41, St. Margaret's Road, Oxford, Charles Coles, M.D., late M.O.H. for Oxfordshire.
- GREAT REX.—On March 28th, 1937, at a London nursing home, James Burnell Great Rex, M.R.C.S., L.R.C.P., of 108, Plumstead Common Road, S.E. 18, only son of the late Dr. A. B. Great Rex, of Harecastle, Staffordshire, aged 70.
- MARTYN.—On April 15th, 1937, Reginald Martyn, L.R.C.P.(Lond.), of Buckingham Lodge, Exmouth, aged 72.
- SPEAR.—On April 15th, 1937, at Gable End, Merrow, Guildford, John Augustus Spear, M.R.C.S., L.R.C.P.

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